

Transfer of Medi-Cal Mental Health Services

Stakeholder Meeting

March 9, 2012



Meeting Agenda

- Updates on recent actions and events
 - Medi-Cal transfer (VB)
 - Governor's Budget (VB)
 - Behavioral Health Needs Assessment (RI)
- New division structure and contacts (VB)
- Update on stakeholder recommendations (RI)
- Open forum
- Suggestions for next meeting

Status on the Medi-Cal Transfer

- Primary Activities:
 - Administrative actions to initiate the transfer of the Medi-Cal Specialty Mental Health
- Primary Goal:
 - Assure the provision of uninterrupted services to clients and payments to providers

Any immediate improvements?

- Looking for some immediate opportunities to realize efficiencies in administration or resolve critical problems, but...
- We will not have realized the full vision of these transfers on the morning of July 1.

Appointed a Transition Team

- Members from all levels of the DHCS organization and DMH
 - Recently invited representation from DADP to facilitate crossover
- Teams meet weekly to discuss key and emerging issues
- Interact frequently between meetings to keep things moving.

Communication with Affected Employees

- Scheduled meetings with affected employees
- Website – intranet and internet to post transition information
- Appointed an interdepartmental liaison
- Provided training on change management
- Launched New Employee Orientation
- Conducted surveys to assess transition progress

Focus on the Business Needs

- Flow charting business processes
 - Appointed Internal Audits staff to conduct flowcharting
 - Goal: understand how they work and look for efficiencies.
- Three Phase Process
 - Phase I – Describe Current Environment
 - Phase II – Engage Stakeholders
 - Phase III – Implementation

Flow Charting Process

- Phase I – Describe Current Environment
 - Identify and flowchart processes that will be transfer to DHCS as they currently exist.
 - Assess existing processes to eliminate identified redundancies, improve efficiencies and incorporate best business practices

Flow Charting Process

- Phase II – Engage Stakeholders
 - Solicit stakeholders input regarding short term and long term needs and strategy
 - Revisit planned processes with stakeholder input in mind.
 - Incorporate suggestions from stakeholders where feasible.
 - Meet with stakeholders to report on process modifications

Flow Charting Process

- Phase III – Implementation
 - Implement the redesigned processes within the existing DHCS environment.
 - Monitor process outcomes.
 - Finalize and report on final outcome of process implementation.

Flow Charting Process

- Have identified 29 processes to review
- First reviews are on claims processing, cost reporting, and financial audits and appeals
- In Phase II for these first three business processes

Contracts

- Mental health plan contract language for DHCS contracts effective July 1, 2012.
- Contracts will assure compliance with Medicaid policies and our Specialty Mental Health Services waiver.

Cultural Competence

- Assure that we implement the appropriate policies to assure MHP accountability for cultural competency in their delivery of services.
- Coordinate with the Office of Multicultural Services to identify current contractual and regulatory requirements for cultural competency
- Determine necessary contract changes to assure maintenance of cultural competence requirements

Cultural Competence (continued)

- Redirecting two positions to the new Mental Health Services Division
 - Provide in-house expertise
 - Incorporate this objective within the culture of the division and its staff
 - Coordinate with the proposed DPH Office of Health Equity on issues of population disparities
 - Work with the Director's Office on issues of quality and outcomes for mental health services and our diverse populations

Other Actions for the Transfer

- Information Technology Systems Preparations
 - hired an IT contractor to assess all relevant IT systems
 - completed work plans to migrate Medi-Cal related electronic systems (e.g. claims payment, county/provider support, and accounting processes)
 - prioritized the systems according to the impact of the business needs and assure continuity as of 7/1

Waivers and SPAs

- Specialty Mental Health Services waiver: identifying needed changes to reflect the transfer.
 - Will submit a waiver amendment to the federal government by March 30, 2012 for an effective date of July 1, 2012.
- State Plan: reviewing relevant sections to determine any necessary changes to the State Plan given the transfer and realignment

Hot Issues

- Identifying the major problems and backlogs, major challenges and risks
- Developing plans to eliminate or mitigate the backlog and/or address the problems in preparation for the transfer

What about State oversight?

- Responsibility as the single state agency for California's Medicaid program
 - Monitor and provide oversight of the service delivery system for the Specialty Mental Health Services Waiver
 - ensure continued compliance with federal requirements and obtain federal financial participation
- Realignment and AB 1297 requires the State to strike a balance with county flexibility.
 - Will work with counties to determine necessary changes to accommodate this environment while maintaining compliance with federal requirements, including DHCS responsibilities

Stakeholder Recommendations

- General types:
 - Business processes
 - Stakeholder interactions
 - State oversight of the delivery system
 - Benefits
 - Policy overhaul
- Getting to the “big stuff”

Questions?

Governor's Budget for FY 2012-13

- Moves most of the community mental health programs to DHCS
- Licensing of mental health rehabilitation centers and psychiatric health facilities to the Department of Social Services (DSS)
- Training contracts to the Mental Health Services Oversight and Accountability Commission (MHSOAC)

Governor's Budget for FY 2012-13 (continued)

- Office of Multicultural Services into the proposed Office of Health Equity in the Department of Public Health (DPH)
- Early Mental Health Initiative to the Department of Education (CDE)
- MHSA Workforce Education and Training contracts to the Office of Statewide Health Planning and Development (OSHDP)

Programs coming to DHCS

- Housing program
- Suicide Prevention
- Student Mental Health Initiative
- Stigma and Discrimination Reduction Project
- Substance Abuse and Mental Health Services Administration (SAMHSA) grants
- Training contract (CiMH)

Note: this is not an exhaustive list of all functions

Questions?

California Mental Health and Substance Use System Needs Assessment:

An Overview

March 9, 2012



Behavioral Health Needs Assessment Highlights

- *California Mental Health and Substance Use System Needs Assessment*
- This document (over 900 pages with text, attachments of data tables and analysis grids!) prepares California for the expansion of the Medicaid as a result of the Affordable Care Act (ACA)
- The ACA will expand Medi-Cal eligibility with expanded enrollment in 2014 and this document is one of the essential tools to help CA prepare

- As they say..."From 30,000 feet...." ...The assessment provides an analysis of Medi-Cal mental health and substance use services in California and provides a foundation for developing a service system plan to meet the anticipated needs for newly eligible people needing those services.

Some Facts...CA is very important to ACA

- California contains approx. 12% of the total US population....18% of the total Medicaid enrollees and approx. 14% of the total uninsured population in the USA
- Four counties (Los Angeles, San Bernardino, Orange and San Diego) can expect to have almost 50% of the total expansion population for both mental health and substance use services in CA.
- This Needs Assessment looked at not only current needs, strengths and gaps ...but more importantly...at the **PROJECTED/PREDICTED** Needs and Gaps that can be anticipated when the ACA is fully implemented.

- The Needs Assessment report (all 966 pages!!) actually covers more territory than what CA will initially focus on with the next steps....since this assessment looked at all of California's behavioral health—the big picture.

- The next steps for CMS will deliberately focus on a specific portion of that big picture....since the specific requirement of the “*Bridge to Reform*” Waiver is to ensure the successful transition of the newly eligible Medi-Cal population into Medicaid.

- Doesn't mean other issues in that behavioral health big picture aren't important--which is why DHCS will also be developing a strategic planning process for community based behavioral health services

- Key Conclusions:

- The needs assessment estimates the total 2014 Medi-Cal expansion population will be in the range of 1.5 million to 2 million people--- 350,000-500,000 of whom may seek mental health and substance use disorder services as a result of their new eligibility
- Of that estimated 350,000-500,000, 30%-35% are expected to need substance use services.

- On March 1st, 2012, the *Needs Assessment* was submitted to CMS

- Now What.....

- Now begins the next phase of meeting CMS requirements..... Which is the development of the *Behavioral Health Services Plan* over the next six months----scheduled to be submitted to CMS by October 1, 2012.
- This plan will be California's proposal to the Federal Government regarding what benefits will be offered and what CA needs to do to ensure there's a sufficient capacity to provide the expected services.
- It an exciting and historic time, and we look forward to continuing to work with you.
- THANK YOU!

Mental Health Services Division

Organization Structure

March 9, 2012



Mental Health Services Division

- Will address all mental health policy issues in the Medi-Cal program
- This presentation does not address the organization that would exist upon approval of the Governor's Budget proposals
- Two branches: (1) Policy and (2) Operations

Policy Branch

Policy Section

- Fiscal Policy Unit - functions include:
 - Prepares and submits the Specialty Mental Health Services Waiver cost effectiveness section to CMS.
 - Reviews, approves and processes invoices.
 - Involved in development and implementation of the Short Doyle Medi-Cal II system.
- Program Policy Unit - functions include:
 - Develops the Specialty Mental Health Waiver renewal and amendments
 - Develops Medicaid State Plan Amendments (SPAs)
 - Prepares, reviews and submits renewal of county MHP contracts

Policy Branch (cont'd)

Quality Assurance Section

- **Program Implementation Unit** – functions include:
 - Support for state fair hearings and appeals
 - Provides assistance with litigation and lawsuits
 - Assists with implementation of court ordered settlement implementation plans
- **Monitoring and Oversight Unit** – functions include:
 - Oversight for administration and coordination of the Specialty Mental Health Waiver
 - Serves as central point of contact with CMS as it relates to monitoring and oversight responsibilities
 - Provides administrative functions, reviewing and decisions associated with EPSDT, Inpatient and Adult Outpatient Appeals

Operations Branch

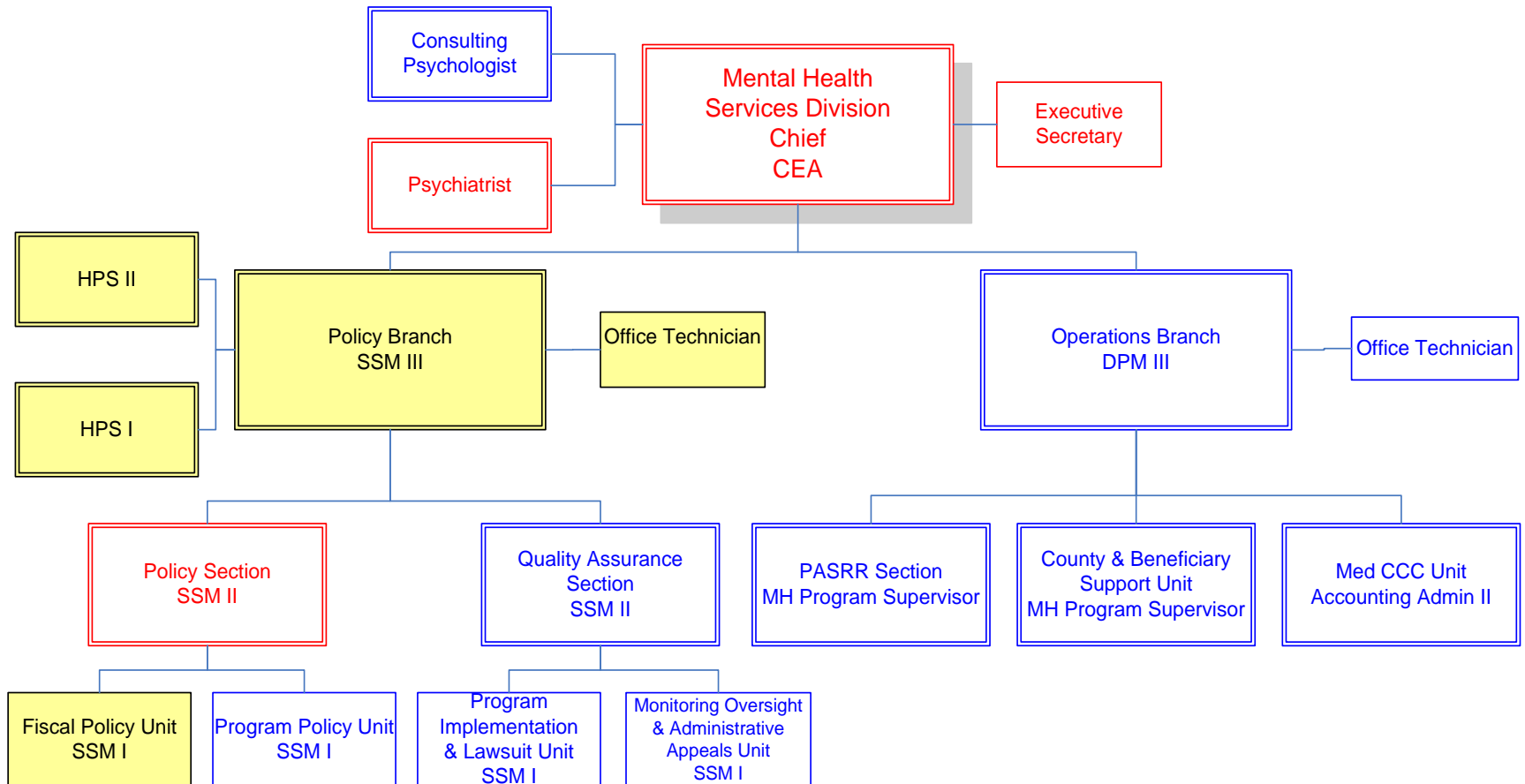
- Medi-Cal Claims Customer Service (MedCCC) Section – functions include:
 - Provides claim reports and resource information
 - Provides TA with specific claim processing and claim payment issues
 - Identifies systemic claiming and payment issues, and recommends process improvements
- Pre-Admission Screening and Resident Review (PASRR) Section – functions include:
 - Assures all persons admitted to skilled nursing facilities are screened for mental illness (MI)
 - Provides independent evaluation to determine proper services and level of care when possible MI exists
 - Verifies and enters Level I screening data, conducts Level II evaluations and issues determination letters

Operations Branch (cont'd)

- County and Beneficiary Support Unit - functions include:
 - Primary contact to respond to questions from MHPs regarding Policy Letters, Information Notices, Title 9 regulations, State and Federal statutes, etc.
 - Collects and analyzes annual Grievance Reports, EQRO reports, QI work plans, etc.
 - Coordinates TA and monitoring of Plans of Correction, EQRO report recommendations, and other review and audit findings between MHPs and the state
 - Assists with resolution of service-related and other issues for beneficiaries, family members and other external entities
 - Provides access to crisis services directly with MHP crisis contacts or emergency providers
 - Provides resources and referral information

Mental Health Services Division

PROPOSED



Questions?

Follow-Up on Stakeholder Recommendations

March 9, 2012



What we've done

- A series of stakeholder meetings were held over the past Summer and Fall.
- We are grateful for your participation and your thoughtful and varied input.
- From these meetings, we have summarized the numerous comments, themes and recommendations the Departments (DHCS + DMH) received regarding Medi-Cal and non-Medi-Cal programs.
- What you see on the list you received is our best effort to capture the major comments, themes and issues that emerged from these meetings. The list includes input from both the DMH Medi-Cal transfer meetings, and the meetings facilitated by CiMH working with DMH to coordinate and run the non-Medi-Cal stakeholder meetings.
- We'll provide you a summary sheet today listing those key themes and recommendations, and also post them on the DHCS web-site
- We will look to you to review the summary sheet you receive, and, comment via the e-mail stakeholder in-box (DHCSMHMEDI-CALTRANSFER@DHCS.CA.GOV)
- Please let us know if we unintentionally missed... or misunderstood a key issue or theme.

What we're planning

- Each of the business processes transferring from DMH (e.g. Audits, system reviews, Ombudsman, County Technical Assistance, PASRR, etc.) will soon be operating in the new DHCS organizational structure.
- We will ensure the various organizational units within DHCS dealing with mental health are aware of the issues stakeholders have raised.
- Our current plan is:
 - To assign each concern and/or recommendation to a lead Division
 - Other Divisions, Branches and Units at DHCS may also be involved in addressing the concern/recommendation, but one Division will have lead responsibility for assuring it gets addressed.
 - As a starting point, each Division will have a grid that describes the concern/recommendation, the identified lead Division and the current DHCS position.
 - The next slide depicts an example grid that each Division will receive illustrating how we plan to approach the review.

Stakeholder Comment, Concern and/or Recommendation	Recommended Lead DHCS Division to Coordinate Addressing This Issue	Status and DHCS Recommended Next Steps
<p>1. Discontinue the current DMH practice of conducting a separate annual EPSDT chart documentation audit. Instead, integrate the EPSDT audit into the existing triennial Medi-Cal Specialty Mental Health compliance review and chart audit</p>	<p>A+I Div.</p>	<p>The Adm. is suspending statistically valid sampling and extrapolation until DHCS has had an opportunity to re-evaluate the current processes. In the interim, DHCS-DMH staff will be reviewing EPSDT charts along with Adult outpatient charts as part of the existing triennial Medi-Cal Specialty Mental Health compliance review and chart audit.</p>
<p>2. Explain how the new DHCS organizational structure will function with the integration of mental health Medi-Cal programs.</p>	<p>MHSDiv.</p>	<p>DHCS agrees and this will be an important part of ongoing stakeholder communications.</p>
<p>3. Examine current DMH functions and priorities, as they are transitioned, in light of the intent specified in AB 102 to focus on statewide accountability and outcomes.</p>	<p>MHSDiv.</p>	<p>DHCS agrees and will seek specific suggestions from stakeholders related to accountability and outcomes.</p>

- The identified lead Divisions will work with their colleague units within DHCS (and other Departments if necessary) and with stakeholders to establish the most effective processes for addressing the concern/recommendation.
- As a way to track outcomes, we are considering various strategies to have those lead DHCS Divisions (e.g. A+I, MHS Div. Etc.) report, on a yet to be determined schedule, current progress in addressing the concerns/recommendations.
- We have done our best to capture the major themes and issues that emerged from multiple stakeholder processes involving Medi-Cal and non-Medi-Cal programs.
- The transition is a complicated process, with many moving parts.... so please make sure we know if we missed or misunderstood anything.
- DHCSMHMEDI-CALTRANSFER@DHCS.CA.GOV

- Your continued involvement will make this transition even stronger.
- Please help us make sure we have accurately understood your issues --- an informed stakeholder process is valuable for all of us.
- And.....most importantly, it is valuable to those for whom we have the privilege and responsibility to provide, quality, responsive, efficient and cost effective services
- Thank you again--- DHCS is grateful for your input

Open Forum

- Questions and Comments
- Next Meeting: stakeholder requests
- Contact information for the above:
DHCSMEDI-CALTRANSFER@DHCS.CA.GOV
- Adjourn

